

Pavilion Reservation Agreement



Contact Person:		Mailing Address:	Desired Pavilion:
Home Phone:	Key #:	City, State, Zip	Time of Reservation: (circle one)
Work Phone:		Name of Park:	10:00am – 4:00pm
Date of Requested Use:		Type of Activity:	5:00pm – 10:00pm
Approximate Number to Use Pavilion:		RESIDENT / NON-RESIDENT: (circle one)	Date of Key Return:

Classification	Amount Due	Amount Paid	Date Paid	Cash/Check	Receipt#	Refund	Initials	Deposit Return Requested
Security Deposit								
Rental Fee								
Equipment Use								
Staff Time								
TOTAL								

Application Agreement:

I, the undersigned, signify that the information provided on this application is true and correct and hereby accept full responsibility for any breakage or damage to property or building. I agree to indemnify and hold harmless South Jordan City and its officers, officials, employees and volunteers from and against all claims, damages, losses and expenses including attorney fees arising out of the negligent act or omission of myself, any agent, anyone directly or indirectly by them or anyone of South Jordan City. If permission is granted, my representatives or I agree to be present during the entire use of the facility. My signature below signifies that I agree to abide by all of the conditions of this application, the Pavilion Use Reservation Policy and any permit issued based on this application. I also agree to pay to South Jordan City all costs South Jordan City may incur as a result of any failure to comply with all of these conditions including damages due to failure to leave the premises in a rentable condition.

I have received a copy of the Pavilion Use Reservation Policy and agree to abide by it.

Date: ____/____/____ User (Must be 18 years of age or older)

Date: ____/____/____ Parks Superintendent